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| <h1>TRANSMITTAL<br/>FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p> |    | Application Number     | 10/536,714-Conf. #4670 |
|  |    | Filing Date            | August 9, 2006         |
|  |    | First Named Inventor   | DEBRUYNE, Kristine     |
|  |    | Art Unit               | 3762                   |
|  |    | Examiner Name          | KAHELIN, Michael W.    |
| Total Number of Pages in This Submission   | 18 | Attorney Docket Number | 22409-00324-US         |

**ENCLOSURES (Check all that apply)**

|  |  |  |         |  |
|--|--|--|---------|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input checked="" type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Request for Continued Examination |         |  |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 150px;">Remarks</td> <td></td> </tr> </table>   |  |  | Remarks |  |
| Remarks  |  |  |         |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                |          |        |
|--------------|--------------------------------|----------|--------|
| Firm Name    | CONNOLLY BOVE LODGE & HUTZ LLP |          |        |
| Signature    | /Michael G. Verga/             |          |        |
| Printed name | Michael G. Verga               |          |        |
| Date         | February 17, 2010              | Reg. No. | 39,410 |